

**DEPARTMENT OF ENVIRONMENTAL QUALITY  
AIR QUALITY DIVISION  
CONTINUOUS EMISSION MONITORING REPORT**

**FORM A**

**I. GENERAL INFORMATION**

- A. Facility Name: \_\_\_\_\_  
B. Process Unit/Pollutant Monitored: \_\_\_\_\_  
C. Applicable Permit Number or Regulation: \_\_\_\_\_  
D. Applicable Emission Limit: \_\_\_\_\_

**II. MONITOR INFORMATION**

- A. Date of Original Monitor Installation: \_\_\_\_\_  
B. Date of Latest Monitor Certification: \_\_\_\_\_

**C. Pollutant/Opacity Monitor**

1. Manufacturer: \_\_\_\_\_  
2. Model Number: \_\_\_\_\_  
3. Serial Number Main Chasis: \_\_\_\_\_  
4. Basis of Measurement (If Applicable - Wet or Dry): \_\_\_\_\_  
5. Instrument Span, Range Value (Specify Units): \_\_\_\_\_
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**D. Diluent Monitor**

1. Type of Monitor: O<sub>2</sub> or CO<sub>2</sub> (circle one)  
2. Manufacturer: \_\_\_\_\_  
3. Model Number: \_\_\_\_\_  
4. Serial Number Main Chasis: \_\_\_\_\_  
5. Basis of Measurement (If Applicable - Wet or Dry): \_\_\_\_\_  
6. Instrument Span, Range Value (Specify Units): \_\_\_\_\_
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**E. Flow Monitor**

1. Type of Instrument (i.e. S-type Pitot Tube): \_\_\_\_\_  
2. Manufacturer: \_\_\_\_\_  
3. Model Number: \_\_\_\_\_  
4. Serial Number Main Chasis: \_\_\_\_\_

**F. Quality Assurance Data**

1. QA Plan Date: \_\_\_\_\_

\_\_\_\_\_ 2. QA Plan Approval Date: \_\_\_\_\_

### III. Operating/Monitoring Data

A. Quarter: 1 2 3 4 (Circle One) Year: \_\_\_\_\_

B. Total Hours in Reporting Period: \_\_\_\_\_

C. Hours Unit Operated During the Reporting Period: \_\_\_\_\_

**Note: Include all unit operating time for the quarter including operating time associated with Startup/Shutdown and Section 19 (Emergency/Abnormal) Operations. Report time in hours to one decimal place, i.e. 1902.8.**

### IV. Quarterly Audits/Monitoring System Modifications

#### A. Quarterly Audits

Type Audit: \_\_\_\_\_

	<u>Date Conducted</u>	<u>Pass (Circle one)</u>
Pollutant/Opacity Monitor	_____	Yes No
Diluent Monitor	_____	Yes No

**Note: A copy of the quarterly audits shall be included with the corresponding quarterly excess emission report.**

B. Equipment Replaced During Reporting Period: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Only equipment replacements or modifications to the system that could affect the ability of the continuous monitoring system to comply with the associated Performance Specification shall be reported.**

### V. Report Contact

A. Name: \_\_\_\_\_

\_\_\_\_\_ B. Phone Number: \_\_\_\_\_